

7

PBG 00092

10,8654

revised 12-31-01

Workloc Cd	Name	Core/SSN	Job Title S	2001 Rate	Inc. Amt	2002 Rate	Effective Date
WILDE	Blay, Raymond Y.	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Davis, Anthony M.	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Iovacchini III, Vincent J.	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Jabkowski, Gregory M.	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Kern, Clifford Albert	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Rowe, Adam T.	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Tillman, Marlayna G.	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01
WILDE	Vlahos, Nicholas	REDACTED	Merchandis	\$22,000.00	\$0.31/hour inc.	\$22,600.00	12/31/01

1-31 + 1-31-01

CONFIDENTIAL

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

MARLAYNA G. TILLMAN,

Plaintiff,

v.

THE PEPSI BOTTLING GROUP, INC.,
and TEAMSTERS LOCAL UNION 830

Defendants.

C.A. Number: 04-1314

VERIFICATION OF SARA (SWARTZ) ALTMAN

I, Sara (Swartz) Altman, pursuant to 28 U.S.C. § 1746, state the following based upon my personal knowledge:

1. I was employed by Defendant Bottling Group, LLC ("PBG") as the Human Resources Representative (or Coordinator) for PBG from November 7, 2000 until I resigned on March 3, 2006.

2. On or about May 8, 2001, PBG hired Plaintiff, Marlayna Tillman, as a Merchandiser in its Wilmington, Delaware facility.

3. The Merchandiser position is a non-union position. Merchandisers generally work in bulk, a sub-department of the Sales department, which primarily services large retail establishments like grocery stores.

4. In or around November 2001, Plaintiff was temporarily assigned to perform merchandising duties in the conventional sub-department of the Sales department to assist with the Space Race campaign.

5. The "Space Race" campaign was an incentive program offered by PBG to its convenience store customers. Under the program, PBG provided incentives to customers in exchange for enhanced product placement within their stores. As part of the program, PBG agreed to reset (clean and reorganize) and merchandise the coolers in customers' stores which displayed Pepsi-Cola.

6. A key position in the Sales department is the Relief Driver position, commonly called other names including extra man. The Relief Driver position is covered by the collective bargaining agreement between PBG and Teamsters Local Union 830 ("the Union"). Relief Drivers cover for delivery drivers and are required to single-handedly sell and deliver product to stores and other retail establishments.

7. While performing merchandising duties in the conventional sub-department of the Sales department, Plaintiff expressed an interest in learning to drive a tractor trailer truck and obtaining a Class A Commercial Drivers License ("CDL-A license").

8. Plaintiff took and failed the written test for a CDL-A in or about May 2002.

9. Over the next few years, PBG offered Plaintiff additional opportunities to train for her CDL. Specifically, PBG offered Plaintiff the use of a PBG truck to train during her non-working hours. Plaintiff was also required to drive trucks in PBG's yard in the course of performing her duties. Additionally, PBG researched local truck driving schools for Plaintiff and agreed to permit her to take a leave of absence to attend one of the schools. Plaintiff declined this offer.

10. In or around September 2004, Plaintiff obtained a CDL-A license. Shortly thereafter, Plaintiff bid for and was accepted for a driving position at PBG. On September 19, 2004, Plaintiff transferred to the position of Transport Driver.

11. In or around June 2002, Plaintiff applied for and accepted a position as a Warehouse Person. Plaintiff was not transferred to the warehouse until approximately July 29, 2002. Between Memorial Day and Labor Day, the demand for PBG's products increases dramatically. As a result, Plaintiff's transfer was delayed slightly based on business needs. She was not the only employee so affected. Like Plaintiff, John Osciak (Caucasian Male), was awarded a job bid on May 27, 2002, but was not moved into his new position until August 6, 2002.

12. Pursuant to the collective bargaining agreement between the Union and PBG, Plaintiff became a dues paying member of the Union when she transferred to the position of Warehouse Person. Also pursuant to the contract, Plaintiff's rate of pay at the time of transfer was \$12.68 or 80% of the contract rate of \$15.75. Two other employees who transferred to the warehouse at approximately the same time, Stan Coleman (Black male) and Bill Becker (Caucasian male), were paid at the same rate. Nevertheless, based on Plaintiff's request, and because Plaintiff, Mr. Coleman and Mr. Becker were all internal transfers, Phil Weber, plant manager at the time, agreed to retroactively pay all three employees the full union rate as of the date of transfer.

13. On or about November 6, 2003, Plaintiff injured herself at work. As a result of this injury, Plaintiff was out of work from November 6, 2003 until April 19, 2004.

14. During this time, in March 2004, Plaintiff applied for and accepted employment with RJM Vending. Plaintiff did not advise PBG that she was working for RJM while still employed by PBG.

15. On or about June 1, 2004, Plaintiff allegedly reaggravated her injury and was again out of work until June 24, 2004.

16. Plaintiff began working for Cott Beverage. Plaintiff did not advise PBG that she was working for Cott Beverage while still employed by PBG.

17. In or about December 2005, PBG discovered Plaintiff was working for yet another company, J.B. Hunt, while still employed by PBG.

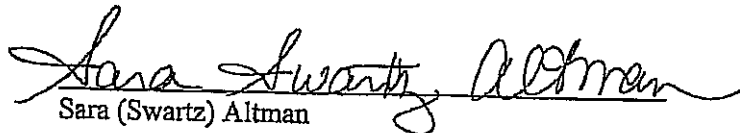
18. By letter dated January 5, 2005, I notified Plaintiff that PBG was terminating her employment retroactive to December 2, 2004.

19. Plaintiff has alleged that she was verbally reprimanded by Thomas Riley and Glenn Mathews for: "walking the dog"; not being a team player; and leaving work without checking with her supervisor. "Walking the Dog" is the unsafe act of walking in front of motorized equipment (typically a forklift), which violates PBG's safety rules.

20. Caucasian and/or male employees have been counseled for the same infractions.

21. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 26th day of March 2007.


Sara (Swartz) Altman

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**THE PEPSI BOTTLING GROUP****Open Job Notice****Internal Posting**

Date of Opening:

Date of Internal Posting:

End Posting

Hiring Manager:

Job Opening #:

Hourly Rate:

External Posting

For information on our Open House please

Call our job line at 302.761.8683.

No faxes please

Applications will be completed at the Open House.

PBG is an equal opportunity employer.**RELIEF DRIVER – SALES****JOB SUMMARY:**

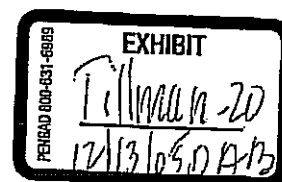
Act as a fill-in driver covering for the absence of a regularly scheduled driver by: selling, merchandising and servicing customers on an assigned route. Also fulfill miscellaneous duties assigned by manager.

PRIMARY JOB ACCOUNTABILITIES:

- Sell and execute all promotions
- Service all scheduled customers by end of shift
- Merchandise all accounts to local standards
- Fill coolers, racks, displays and vendors as necessary
- Keep accurate route book on assigned accounts
- Maintain clean and well organized truck
- Settles up using correct procedures according to policy
- Deliver bulk loads when necessary

JOB ELIGIBILITY CRITERIA:

- Must be at least 21 years of age
- Valid CDL "Class A" License
- Valid Driver's License
- No serious motor vehicle violations such as DWI, DUI in the past year
- No more than 1 other motor vehicle violation (e.g., reckless driving, failure to stop at a stop sign) within the past year
- Must pass road test per DOT guidelines
- Able to perform: physical lifting (frequently 40-50 lbs.), push/pull often up to 100 lbs., reaching above shoulder frequently, bending frequently, kneel/squat often



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Does not have Class
A CDL

BID FORM

EMPLOYEE: Andy Porro

DATE: 7-9-04

PRESENT POSITION: PAO

BIDDED POSITION: Transport

SIGNATURE: Andy Porro

SUPERVISOR: R. King

11

CHARGE OF DISCRIMINATION

ENTER CHARGE NUMBER

This form is affected by the Privacy Act of 1974

☐ FEPA 0209613
☐ EEOC 17CA200627

Delaware Department of Labor

and EEOC

(State, or local Agency, if any)

NAME (Indicate Mr., Mrs., Ms)

Ms. Marlayna Tillman

HOME TELEPHONE NO. (Include Area Code)

(302) 762-0415

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

P.O. Box 688 Claymont DE 19703-0688 NCC

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one, list below.)

NAME

Pepsi Bottling Group

NO. OF EMPLOYEES OR
MEMBERS 100+

TELEPHONE NUMBER (Incl. Area Code)

(302) 761-4848

STREET ADDRESS

CITY, STATE AND ZIP CODE

3511 Governor Printz Boulevard, Wilmington, DE 19809

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

☒ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☐ AGE☐ RETALIATION ☐ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

EARLIEST 10/1/2001

LATEST 8/27/2002

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attached extra sheet(s):

I am a black female individual who has been employed by Respondent since 5/8/01. Since in or about 10/1/01, and continuing to the present, Respondent has denied me various promotional opportunities, particularly for Driver positions. Instead, I have been assigned to work in various departments, including, currently, the Warehousing Department, where I am subjected to disparate treatment with regard to terms and conditions of employment. My supervisors, Glen Matthew (white male) and Tom Riley (black male) hold me to a higher standard than my white male coworkers with regard to rules and regulations. As recently as 8/27/02 I was falsely accused of leaving my shift without checking with the Supervisor On Duty. Also, I am paid lower wages than my white male counterparts, although I am expected to perform the same work as they are.

I have been told that I could not get a Driver position because I am not in the union.

I believe I have been discriminated against in violation of the Civil Rights Act of 1964, as amended, and the Delaware Discrimination in Employment Act, because: I am the only female working in my classification, and I am paid lower wages than my male counterparts, denied promotional opportunities, and held to a higher standard. I have seen male coworkers who are not in the union, some with less tenure, obtain Driver positions and thereby become union members.



☒ I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SIGNATURE OF COMPLAINANT

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

NOTARY - (When necessary to meet State and Local Requirements)

Date

8/28/02

Marlayna Tillman

Charging Party (Signature)

Subscribed and sworn to before me this date

(Day, month, and year)

EEOC FORM 5
REV 6/92

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE AND MUST NOT BE USED

Margolis Edelstein
Tillman, Marlayna v. Pepsi
0108

12

TO: MANUFACTURING & WHAREHOUSING EMPLOYEES
FROM: PHIL WEBER
RE: LAY-OFFS

DSTAIB Page 1 09/16/02

THE FOLLOWING EMPLOYEES MAY BE TEMPORAIRLY LAID
OFF AT THE END OF THEIR SHIFTS ON 09/22/2002.

BECKER
~~COLEMAN~~
Tillman
R. SANTOS
LEWIS
~~YOUNGBLOOD~~
DAVIS
EASTLOCK
DIPROSPEROS
CEPHAS
THOMAS
STONE
STEWART
WISE
O'HARA
MATHEWS
WESTENBERGER
CORRIGAN
PURDY

PBG 00320

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PERSONNEL ACTION REQUEST PC-1101B

EMPLOYEE ID 01155487	SSN/SIN 521282725	FIRST NAME marlayna	MI G.	LAST NAME Tillman
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ACTION CODES (Check appropriate action)

EFFECTIVE DATE: <u>08/01/02</u> <u>10/30/02</u>	TERMINATION DATE:	LAST DATE WORKED:
<input type="checkbox"/> HIRE	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> LEAVE (PAID)
<input type="checkbox"/> REHIRE	<input type="checkbox"/> PAY	<input type="checkbox"/> LEAVE (UNPAID)
<input type="checkbox"/> POSITION CHANGE	<input type="checkbox"/> DATA (MISC)	<input checked="" type="checkbox"/> RETURN FROM LEAVE
<input type="checkbox"/> TERMINATION	<input type="checkbox"/> RETIREMENT	

REASON: <u>RFL/PDL</u>	POSITION #:
---------------------------	-------------

FILL IN APPROPRIATE ACTION INFORMATION

COMPANY:	BUSINESS UNIT	DEPARTMENT	LOCATION (Work)
----------	---------------	------------	-----------------

JOB TITLE:	JOB CODE:	REG/TEMP <input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> TEMPORARY
FULL/PART <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	EMPLOYEE CLASS <input type="checkbox"/> INTERN <input type="checkbox"/> SEASONAL	SHIFT <input type="checkbox"/> DAY (1) <input type="checkbox"/> EVENING (2) <input type="checkbox"/> NIGHT (3)
STANDARD HOURS	CONTRACT TYPE <input type="checkbox"/> SEVERANCE ST OR STL <input type="checkbox"/> RELOCATION <input type="checkbox"/> SIGN-ON \$ <input type="checkbox"/> GRANDFATHERED	

UNION LOCAL	SERVICE DATE (Vesting)
-------------	------------------------

PAYGROUP	EMPLOYEE TYPE <input type="checkbox"/> EXCEPTION HOURLY <input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> SALARIED	GL PAY TYPE (COST CENTER/FRANCHISE)	ACCOUNT CODE (LABOR)
----------	---	-------------------------------------	----------------------

GRADE (BAND/LEVEL)	PERFORMANCE RATING <input type="checkbox"/> ABOVE TARGET <input checked="" type="checkbox"/> ON TARGET <input type="checkbox"/> BELOW TARGET
--------------------	---

COMPENSATION FREQUENCY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	COMPENSATION RATE \$	INCR. AMOUNT/PERCENT
---	-------------------------	----------------------

DOT/CDL DRIVERS LICENSE DATA <input type="checkbox"/> ACDL: >26K CLASS A/TRAILER >10K <input type="checkbox"/> BCDL: >26K CLASS B/TRAILER <10K CDL ENDORSEMENTS (IF APPL): <input type="checkbox"/> H: HAZMAT <input type="checkbox"/> N: TANKER <input type="checkbox"/> X: BOTH N & H <input type="checkbox"/> T: DOUBLE TRAILER	OTHER DRIVERS LICENSE DATA <input type="checkbox"/> NON-CDL: NON-COMMERCIAL LICENSE <input type="checkbox"/> INSU: PERSONAL INSURANCE REQUIRED FOR JOB
---	--

COMMENTS <u>Return from layoff</u>	REG'D <u>10-24-02</u> ADP <u>10-24</u> EDMS <u>10-24</u> ETC <u>P</u>
---------------------------------------	--

PBG 00052

APPROVALS			
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>10-24-02</u>	APPROVING MGR SIGNATURE <u>[Signature]</u>	DATE <u>10/18/02</u>



TEAMSTERS LOCAL UNION NO. 830
 12298 TOWNSEND ROAD PHILADELPHIA, PA 19154
 (215) 671-9850
 (800) 321-9850

No 0663

GRIEVANCE REPORT

Filed By: Doug McLaughlin I.B.O. Company: Pepsi-Cola Dept.: Production
 Shop Steward: Gary DiPasquale Date Filed: 11-28-02
 Nature of Grievance: Laid off out of Seniority

Remedy Requested: Including, but not limited to: Laid off and recall by Seniority
Full back pay and benefits

Signature of Grievant: Doug McLaughlin

EMPLOYER REPORT

Date: _____ Supervisor Name: _____
 Remarks: _____

Signature of Supervisor: _____

SHOP STEWARD REPORT

Date Grievance Filed with Company: _____ with Supervisor: _____

Disposition

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Remedy Granted | <input type="checkbox"/> Resolved | <input type="checkbox"/> No Merit |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Referred to Union |
- Date: _____

Remarks: _____

Signature of Shop Steward: _____

BUSINESS AGENT REPORT

Company Representative handling grievance: Tracy Phil Weber

Disposition:

- | | | |
|--|--|---|
| <input type="checkbox"/> Remedy granted | <input type="checkbox"/> Grievance withdrawn | <input type="checkbox"/> Grievance denied |
| <input checked="" type="checkbox"/> Grievance Resolved | <input type="checkbox"/> No merit | |

Remarks: _____ PBG 00316

Final Disposition: Will be made whole and paid 4 weeks
plus 2 days pay

Business Agent Signature: Doug McLaughlin

NOTE: THIS GRIEVANCE RELATES TO THE INDIVIDUAL IDENTIFIED ABOVE AND ALL SIMILARLY-SITUATED BARGAINING UNIT MEMBERS.

(WHITE COPY: COMPANY YELLOW COPY: MEMBER PINK COPY: STEWARD GOLD COPY: UNION)

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GRIEVANCE RELEASE

I MARLYNA TILLMAN that before signing the Grievance Settlement Agreement dated _____

I have had an adequate opportunity to review with the person of my choosing, and further agree that I fully understand the terms and conditions of the Grievance Settlement Agreement. I further acknowledge that I have not be coerced into signing the agreement and I have signed it knowingly and voluntarily.

I further acknowledge that Teamsters Local 830 representatives have explained and detailed my rights and options and I fully understand those rights and options.

I further acknowledge that Teamsters Local 830 has fully and fairly represented me in all matters pertaining to and relating to this grievance and my employment with P. B. G.

• grievance #s 665, 489, 662, 662-2, 663.

Marlyna Tillman (all rights reserved)

Witness 

Date: 1/21/03

PBG 00314

16

A REGIONAL DEFENSE LITIGATION LAW FIRM

MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN

A PROFESSIONAL CORPORATION www.marshalldennehey.com

1220 N. Market St., 5th Floor, P.O. Box 8888 • Wilmington, DE 19899-8888
(302) 552-4300 • Fax (302) 651-7905

Direct Dial: (302)552-4323
Email: econde@mdwcg.com

June 14, 2004

PENNSYLVANIA
Bethlehem
Doylestown
Erie
Harrisburg
Newtown Square
Norristown
Philadelphia
Pittsburgh
Scranton
Williamsport

NEW JERSEY
Cherry Hill
Roseland

DELAWARE
Wilmington

OHIO
Akron

FLORIDA
Ft. Lauderdale
Orlando
Tampa



BY CERTIFIED MAIL

Erik C. Grandell, Esquire
1020 W. 18th Street
Suite 2
P.O. Box 2207
Wilmington, DE 19802

Re: Marlayna Tillman v. Pepsi Bottling Group
Our File No.: 06175-00465
IAB Hearing No.: 1242671
DOL: 11/06/03

Dear Mr. Grandell:

Enclosed please find Sedgwick CMS check number 0005552016 in the amount of \$4,934.99 payable to Marlayna Tillman. This check compensates your client for 11/06/03 through 4/18/04. Acceptance of this check represents acknowledgement of payment in full pursuant to the settlement in this case. Also enclosed is check number 0005552020 in the amount of \$3,790.29 for attorney fees.

Please direct your client to execute and return the enclosed Agreements and Receipts for Temporary Total Disability. Upon receipt of the executed documents we will file them with the Board. If you have any questions please do not hesitate to call. Thank you.

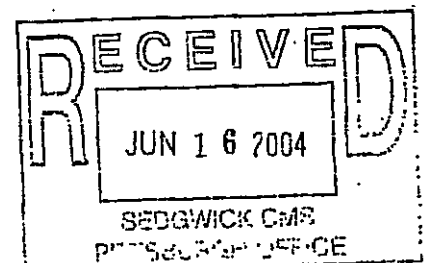
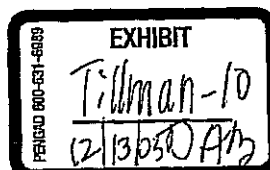
Very truly yours,

Erika Conde
Paralegal

/ec

Enclosures

cc: Christine Miller, Sedgwick Ins.
Claim No. A364618584



17

CASE FILE NO. 1242671
CARRIER FILE NO. A364618584STATE OF DELAWARE
OFFICE OF WORKERS' COMPENSATION
AGREEMENT AS TO COMPENSATIONEmployee MARLAYNA TILLMAN
Address P.O. BOX 688
CLAYMONT, DE 19802Employer PEPSI BOTTLING GROUP
Address 3501 GOVERNOR PRINTZ
BELLEFONTE, DE 19809Insurance Carrier/Self-insurer SEDGWICK CMS
Address US STEEL TOWER
600 GRANT STREET, SUITE# 2944
PITTSBURG, PA 15219Third party Adjuster _____
Address _____

The above have reached an agreement in regard to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto:

Date of Injury 11/06/03 Date Disability Began 11/06/03
Cause/Place of Accident SEE FIRST REPORT OF INJURY
Nature/Part of Body RIGHT KNEE & CALF
Probable Length of Disability (if known) 11/06/03- 4/18/04

The terms of this agreement under the above facts are as follows:

This agreement is for (check all that apply) ☒ Total Disability ☐ Temporary Partial Disability
☐ Permanent Partial Disability ☐ Disfigurement ☐ Commutation ☐ Medical Only
☐ Salary In Lieu of Workers' Compensation

*** LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED***

That the said MARLAYNA TILLMAN shall receive compensation at the rate of \$440.00 per week based upon an average weekly wage of \$660.00 and that said compensation shall be payable ☐ weekly ☐ bi-weekly ☒ LUMP SUM monthly other (specify) from and including the 6th of NOVEMBER 2003 until APRIL 18, 2004.

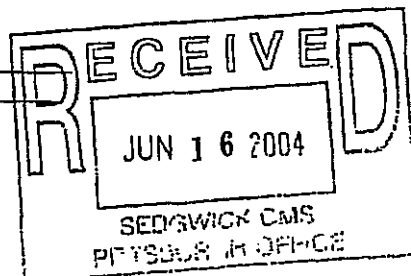
BENEFITS FOR TOTAL/PARTIAL DISABILITY, (LOST WAGES) SHALL REQUIRE YOU TO ADVISE THE NAMED CARRIER/SELF-INSURED/THIRD PARTY ADJUSTER OF ANY CHANGE IN EMPLOYMENT STATUS AND/OR DISABILITY. FAILURE TO NOTIFY A CHANGE OF STATUS IS PUNISHABLE PURSUANT TO TITLE 18, DELAWARE CODE, CHAPTER 24, AND/OR TITLE 11 DELAWARE CODE, SECTION 913.

Witness _____
(signature)Employee _____
(signature)Address: _____
_____Adjuster/Attorney _____
(signature)Phone Number _____
Date of Agreement _____

For Accounting Use Only:

Approved by: _____

Date of Approval: _____



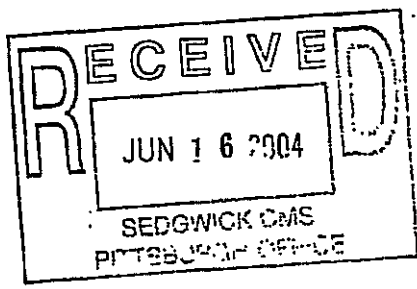
Sedgwick Claims Management Services, Inc
 600 GRANT STREET
 USX TOWER, STE 2944
 PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	4,934.29	0005552016
PAYEE	TAX ID	
MARLAYNA TILLMAN		
SCMS UNIT	PAGE	
646 Sedgwick Claims Management Services	001	

*000016 0005552016 001 OF 001 OPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go
 Attn: Christine O'Connor
 1220 N. Market St. 5th fl PO Box 8888
 Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G. Amt Paid: 4934.29 Dates: 11/06/2003 - 04/18/2004	11/06/2003	A364618584-0001-01 Description: Lump Sum-Temporary Disability Comment: Disability bfts owed	



E1991.FRM (02-28)

ORIGINAL DOCUMENT IS PRINTED ON SECURITIZED PAPER WITH MICROMINUTED BORDER - DO NOT CASH IF THE WORD VOID IS VISIBLE

Sedgwick Claims Management Services, Inc
 on behalf of Pepsi Bottling Group

DATE: 06/11/2004 CHECK NO: 0005552016

VOID PAY 4934.29 ONLY

PAY *FOUR THOUSAND NINE HUNDRED THIRTY FOUR*
 AND 29/100 DOLLARS

\$4934.29

TO MARLAYNA TILLMAN
 THE

ORDER OF

First Union Bank of Delaware
 Wilmington, DE

VOID AFTER 60 DAYS

DOCUMENT CONTAINS A TRUE WATERMARK - DO NOT CASH IF THE WATERMARK IS NOT VISIBLE - ALL PAYMENTS SHOULD BE DEPOSITED TO THE ACCOUNT

⑈0005552016⑈ ⑆031100225⑆ 2079950059703⑈

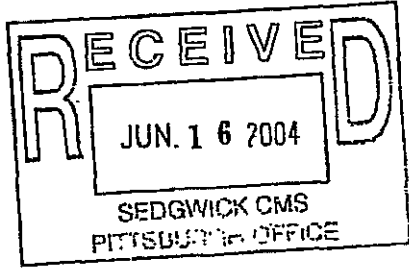
Sedgwick Claims Management Services, Inc
600 GRANT STREET
USX TOWER, STE 2944
PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	3,790.29	0005552020
PAYEE	TAX ID	
BEVERLY L BOVE	510370163	
SCMS UNIT	PAGE	
646 Sedgwick Claims Management Services	001	

*000018 0005552020 001 OF 001 DPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go
1220 N. Market St., 5th fl. PO Box 8888
Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G.	11/06/2003	A364618584-0001-01	
Amt Paid: 3790.29	Description: Claimant Legal Expense (Indemnity)	Invoice: ICN: A364618584000101	
Amt Billed: 3790.29		Comment: Atty fee's for Malayna Tillman	
Dates: 11/06/2003 - 04/18/2004			



E1991.FRM (02-28)

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL RESISTANT PAPER WITH AN INVISIBLE BORDER - DO NOT CASH IF THE BORDER IS NOT VISIBLE

Sedgwick Claims Management Services, Inc
on behalf of Pepsi Bottling Group

ORIGIN: 6461896 DATE: 06/11/2004 CHECK NO: 0005552020

000018 0005552020 001 OF 001 DPM 040610 1426

PAY *THREE THOUSAND SEVEN HUNDRED NINETY*
AND 29/100 DOLLARS

TO: BEVERLY L BOVE
THE

ORDER DE

First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS

Donald W. Binkley

⑈0005552020⑈ ⑆031100225⑆ 2079950059703⑈

CASE FILE NO. 1242671
CARRIER FILE NO. A364618584

STATE OF DELAWARE
OFFICE OF WORKERS' COMPENSATION
RECEIPT FOR COMPENSATION PAID

DATE: June 14, 2004

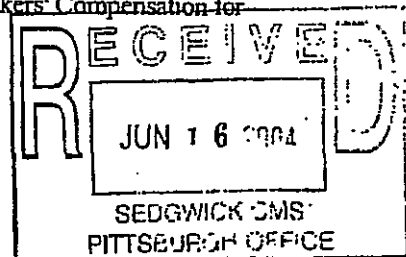
Received of SEDGWICK CMS the sum of \$12,634.29*, making in all the total sum of \$12,634.29
in settlement of compensation due for the TEMPORARY TOTAL * disability of MARLAYNA TILLMAN
which began on 11/06/03, and terminated on 4/18/04.

*28.71 weeks of benefits at a
compensation rate of \$ 440.00
*** LESS A CREDIT OF \$7,700.00 FOR SHORT TERM
DISABILITY RECEIVED***
** RIGHT KNEE & CALF

Employee Signature

Address:

Your signature on this receipt will terminate your rights to receive the workers' compensation benefits specified above on the date indicated. This form is not a release of the employer's or of the insurance carrier's workers' compensation liability. It is merely a receipt of compensation paid. The claimant has the right within five years after the date of the last payment to petition the Office of Workers' Compensation for additional benefits.



MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGINA PROFESSIONAL CORPORATION www.marshalldennehey.com20 N. Market St., 5th Floor, P.O. Box 8888 • Wilmington, DE 19899-8888
(302) 552-4300 • Fax (302) 651-7905

Direct Dial: 302-552-4321

Email: coconnor@mdwecg.com

May 21, 2004

VIA FACSIMILE & U.S. MAILErik C. Grandell, Esquire
1020 W. 18th Street
Suite 2
P.O. Box 2207
Wilmington, DE 19802Re: Marlayna Tillman v. Pepsi Bottling Group
Our File No.: 06175-00465
IAB Hearing No.: 1242671
DOL: 11/06/03

Dear Erik:

Please accept this letter as an outline of our settlement terms related to the above-referenced matter. My client has agreed to recognize Ms. Tillman's right calf and right knee injuries that were sustained at Pepsi on November 6, 2003. We also have agreed to pay temporary total disability benefits from November 6, 2003 through April 18, 2003. This translates into 28.71 weeks of benefits at the rate of \$440.00 for a total of \$12,634.29. You and I have agreed to address any average weekly wage calculation issue at a legal hearing in the future, if necessary. If it is found that Ms. Tillman requires an adjustment to her average weekly wage compensation rate, we will pay additional temporary total disability benefits accordingly.

You and I also discussed the fact that Ms. Tillman received short term disability benefits from November 12, 2003 through April 13, 2003. She was paid \$350.00 per week for a total of \$7,700.00. My client has asserted its right to take a credit against temporary total disability benefits that are due. You and I have agreed to investigate whether the claimant paid into her disability insurance premium and this will determine whether or not she is owed the \$7,700.00 directly. For now, I will request a temporary total disability check in the amount of \$4,934.29.

Finally, my client has agreed to pay expert witness fees in this case and I will need an invoice for Dr. Bandera's deposition from you at your earliest convenience. I will also be requesting a check in the amount of \$3,790.29 for the 30% attorney's fee payment.

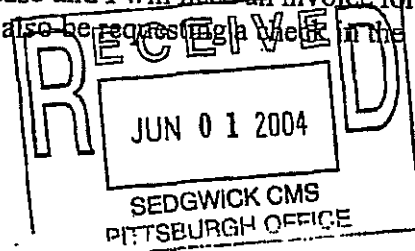
PENNSYLVANIA
Bethlehem
Doylestown
Erie
Harrisburg
Newtown Square
Norristown
Philadelphia
Pittsburgh
Scranton
Williamport

NEW JERSEY
Cherry Hill
Roseland

DELAWARE
Wilmington

OHIO
Akron

FLORIDA
Ft. Lauderdale
Orlando
Tampa



18

PERSONAL INFORMATION

NAME (LAST NAME FIRST) TILLMAN MARLAYNA SOCIAL SECURITY NO. _____
 DATE 3/16/04
 PRESENT ADDRESS 7 Colony Blvd #111 CITY Wilmington STATE DE ZIP CODE 19802
 PERMANENT ADDRESS PO Box 688 CITY Claymont STATE DE ZIP CODE 19703
 PHONE NO. (302) 762-0415 REFERRED BY _____

RECEIVED
 SEP 20 2004

EMPLOYMENT DESIRED

POSITION driver / sales DATE YOU CAN START Immediately SALARY DESIRED Negotiable
 ARE YOU EMPLOYED? ☒ YES ☐ NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☒ NO
 EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☒ NO WHERE? N/A WHEN? N/A

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL <u>Manual High School Denver, CO 80205</u>	<u>4</u>	<u>Yes</u>	<u>general studies</u>
COLLEGE <u>Bryn Mawr College Bryn Mawr, PA 19010</u>	<u>1</u>	<u>No</u>	<u>English Lit.</u>
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL <u>N/A</u>			

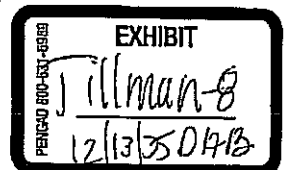
GENERAL INFORMATION

* Already experienced in all phases of vending and routes sales -
 SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS * Forklift certified - Can operate manual/standard trans. vehicles
* Electric / Manual Pallet Jack Certified -
* GDL permit / Jockey truck certified -
 U.S. MILITARY OR NAVAL SERVICE N/A RANK N/A 3004 P/O

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM <u>5 2001</u> TO <u>Present</u>	<u>PEPSI Bottling Group Wilm DE 19809</u>	<u>\$16.15 hrly.</u>	<u>warehouse worker</u>	<u>possible layoffs forthcoming</u>
FROM <u>1 1999</u> TO <u>4 2001</u>	<u>Priority Express Courier</u>	<u>\$13.00 hr</u>	<u>delivery driver</u>	<u>left for Pepsi</u>
FROM <u>10 1998</u> TO <u>3 1993</u>	<u>Comcast Cablevision New Castle DE</u>	<u>\$13.00 hr</u>	<u>dispatcher</u>	<u>layoff/takeover - buyout</u>
FROM _____ TO _____				

11/09/2004 1:21PM



REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
Ren Flowers	(302) 888-1228	Pepsi Bottling Group	3
MAC Tinsley	(215) 235-4268	Wake Up Coalition	10
Nate Coleman, Jr.	(215) 888-0831	Univ. of Pennsylvania	8

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE 3/16/04 SIGNATURE Marilyn Pillman

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
Hired	FOR DEPT.	POSITION	WILL REPORT
		SALARY WAGES	

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this

11/09/2004 1:21PM

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 15, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Notes: You cannot claim exemption from withholding if: (a) your income exceeds \$500 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 8 below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 40-ES, Estimated Tax for Individuals.

Other. So, you may owe additional tax. **Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 3223 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A <u>1</u>
B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B <u>1</u>
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C <u>0</u>
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D <u>2</u>
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E <u>1</u>
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Notes: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F <u>1</u>
G Child Tax Credit (including additional child tax credit): • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.	G <u>1</u>
H Add lines A through G and enter total here. Notes: This may be different from the number of exemptions you claim on your tax return. For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	H <u>7</u>

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate • Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		OMB No. 1545-0040 2004
1 Type or print your first name and middle initial MARLAYNA G.		Last name TILLMAN		2 Your social security number 521 28 2725
Home address (number and street or rural route) PO Box 688		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code CLAYMONT DE 19703		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2 7		6 Additional amount, if any, you want withheld from each paycheck 0		
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it) Marlayna Tillman		Date 11/09/2004		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form W-4 (2004)

11/09/2004 1:21PM

11/09/2004 1:21PM

~~R.J.M. VENDING COMPANY~~

MARLAYNA G. TILLMAN

	This Check
Gross	300.04
Soc Sec	-11.16
Medicare	-2.61

Year to Date	
300.04	
-11.16	
-2.61	

Employee ID: TILLMAN
Social Sec # 521282725

Salary	300.00
Commissi	0.04
Total	

Net Check: 286.27
Check Date: 3/26/4

RECEIVED BY THE DIRECTOR, FBI, 11/11/64

Total

300.04
Pay Period Ending: Mar 26, 2004
5064
PRINTED IN U.S.A.

RECEIVED

19

05/09/04 WED 14:55 FAX 5409665242

PEPSI BOTTLING GRP

005

Claim Notes

Page 1 of 21

viaOne	
Details	
Claim	
Workers Compensation	
ICD History	
Managed Care	
Time Tracking	
Work Status	
Financial	
Overview	
Payment History	
Reserves	
Documentation	
Notes	
Diary	
Employee	
Employee Detail	
Options	
Address Book	
Alternate Numbers	
Client Service Instructions	
Index System History	
Index System Reports	
Legal	
Miscellaneous	
Related Claims	
Status History	
Recoveries/Offsets	
Summary	
Plan Summary	
Other	
Print View	
Sign Off	

Home Claim Search Query Menu Requests Downloads Contact Us Hel

Claim#: A384618584-0001-01

Claimant Name: MARLAYNA G TILMAN

Loss Date: 11/08/2003

Type: WC - WC

Examiner: Christina Miller

Examiner Office: 332 - Pittsburgh, PA

Vendor ID: 000

Processing Office: 646 - Dallas, TX

Notes

Notes Selection Criteria	
View Level: Claim	Sort Order: Descending
Filter for	All

Created	By	For	Type	Text
				Sent email to karen davis, russ hall and lori rene

06/04/2004 cmiller cmiller EX...

Karen,
I have spoken to defense counsel Christine O'C
"aggravation of prior injury" per employee that to
06/1/04. Defense counsel and I agree that surve
necessary on this employee. Pls provide author
need a physical description as well in order to a
as possible. Denial has been issued on the 6/1
but we are both confident this will go to a Hearin
like as much ammunition as possible.

Christine A. Miller
Claims Examiner III
PH# 412-586-3136
FAX# 412-586-3150

Board Rule 4 Notice sent to IW:

June 3, 2004

Marlayna Tilman
P.O. Box 688
Claymont, DE 19703

06/03/2004 cmiller cmiller EX

RE: Employee: Marlayna Tilman
Employer: PEPSI BOTTLING GROUP, INC
Date of Injury: 11.06.03
Claim Number: A384618584

BOARD RULE 4 NOTICE

Dear Ms. Tilman:

Sedgwick Claims Management Services admini
Compensation claims on behalf of The Pepsi Bo

We are denying the period of disability as of Jun
recurrence of the November 6, 2004 incident as
Delaware Law requires that you be notified that

<https://viaone.sedgwickcms.net/scripts/cgiip.exe/WService=wsjurisweb/notes-cgi?Context-ID=zo 6/9/04>

PBG 01323

06/09/04 WED 14:55 FAX 5409685242

PEPSI BOTTLING GRP

0006

Claim Notes

Page 2 of 21

limitations for workers' compensation claims is that your claim has been accepted as compensable. Made to you or on your behalf, the statute of limitations is 3 years from the date of last payment.

If you have any questions, I can be reached at 1-888-3136.

Sincerely,
Sedgwick Claims Management Services, Inc.

Christine Miller
Claims Exam III

cc: Dept. of Labor
Pepsi Bottling Group
Beverly Bove

Christine O'Connor in depositions, spoke with p Casey re new circumstances with employee re claim for re-aggravation of prior injury from 11/03. Two separate issues exist, we still need to issue the closed period that we agreed to accept. As a recurrence on 06/1/04 we will be issuing a Rule as being related. We have a DME indicating she returning to position back in Feb 2004. No add'l necessary. We do not want to voluntarily accept aggravation. IW has worked full duty since 4/19/04 since it is Pepsi's policy not to accommodate re-str denied claims he would suggest Pepsi not offer work to IW.

Left message for Tabatha to pls contact me as

Called Tabatha, employee called Jobhurt 6/1/04 has aggravated the same injury from 11/6/03. A employee is upset since she posted for a line dr employee with more seniority bumped her from t remains in the filler room. She stands on her fee majority of her shift. She realized in the morning was bumped from the position she wanted and she rpt'd this incident. Has returned to Banderas has placed her on TD which was effective 6/2/04 L/M for Christine O'Connor D/C since this was a should Pepsi allow her to work TD. Since DME 4/8/04 indicating she was capable of full duty wh our position in this matter?

Email rec'd from Tabatha/safety manager at facility

Marylana is stating that she re-aggravated her in tendon in her calf. Was this claim accepted or d previously. I know it was talked about but I don't results. If that one was denied, wouldn't this one I know she had surgery to correct the injury, is it to re-aggravate it?

Let me know
Thanks
Tabatha

06/03/2004 cmiller cmiller LG

06/03/2004 cmiller cmiller CN

06/03/2004 cmiller cmiller C1

<https://viaone.sedgwickcms.net/scripts/cgiip.exe/WService=wsjurisweb/notes-cgi?Context-ID=zo 6/9/04>

PBG 01324

20



Payroll Change Notice

Effective Date: 06/07/04 ☒ New Hire ☐ Termination ☐ Status Change ☐ Transfer
 Month/Date/Year

☐ Compensation ☐ Job Change ☐ Bonus ☐ Disability ☐ Address Change
☐ Shift Change ☐ Leave of Absence ☐ Other

General Information

Employee #: 451
 Employee Name: Tillman, Marlayna SSN: 521-28-2725
 Department: Shipping Location: Concordville Cost Center: _____
 Title: Forklift Operator Reports to: Dave Rawling Supr: _____
 Name Title
 Status: ☒ Hourly ☐ Exempt ☒ Non-Exempt
☐ Regular Full Time
☐ Regular Part Time Marital Status: ☐ Married ☒ Single
 Date of Birth: 09/06/63 Gender: ☒ Female ☐ Male
 Month/Date/Year
 Address: P.O. Box 688 Claymont
 Street Address Apt./Unit City
DE 19703 302-762-0415
 State Zip Code Country Phone

For BS Only

☐ White ☒ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Veteran

Complete for Compensation & Benefits

Current Salary: \$ 12.93 Change in % % _____ Bonus % _____
 New Salary: \$ _____ Change in \$ \$ _____ Shift _____
 Rate 2 \$ _____ Rate 3 \$ _____ Pay Grade: _____
 Annual Vacation Entitlement: _____ Other: _____

Complete for Termination, Disability, Leave of Absence or Transfer

☐ Termination ☐ Disability ☐ Leave of Absence ☐ Transfer Reason: _____
 Vacation Taken: _____ Vacation Owed: _____
 Other (Give Details): _____

Additional Comments

Approvals

Site Hiring Manager _____ Title: _____ Date: _____
 Site or Plant Manager [Signature] Title: _____ Date: 6-14-04
 Vice President _____ Title: _____ Date: _____
 Site HR Manager [Signature] Title: HRMGR Date: 6-8-04
 Divisional HR Director _____ Title: _____ Date: _____

(All termination PCN's must be faxed to Columbus within 24 hours of termination date)

Rev 3/03 r1

PBG 01131

21

Cott Beverages USA

APPLICATION FOR EMPLOYMENT

Cott
COTT BEVERAGES USA
A Division of Cott Beverages, Inc.

DATE 5/1/04

Cott Beverages USA is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of various federal, state, and local laws which prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age (as prescribed by law), disability or marital status.

or Proper Consideration, Answer Completely and Accurately. DO NOT REFERENCE RESUME.

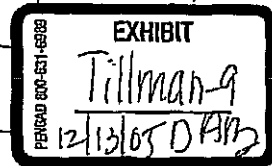
PLEASE PRINT OR TYPE)

PERSONAL INFORMATION

NAME (LAST) TILLMAN	(FIRST) MARLAYNA	(MIDDLE) G.	SOCIAL SECURITY NUMBER 521282725
HOME ADDRESS PO BOX 688			AREA CODE/TELEPHONE NUMBER (302) 762-0415
CITY CLAYMONT,	STATE DE	ZIP CODE 19703	
POSITION DESIRED DELIVERY DRIVER/YARD Jockey	1ST CHOICE WAREHOUSE WORKER	2ND CHOICE	DATE AVAILABLE 5/20/04

EDUCATION

EDUCATION	NAME OF SCHOOL, CITY, AND STATE	DATES ATTENDED		DID YOU GRADUATE?	COURSE OF STUDY	GRADE POINT AVERAGE
		FROM	TO			
HIGH SCHOOL	MANUAL HIGH SCHOOL DENVER, CO 80205			Yes	General	3.0
COLLEGE OR UNIVERSITY	BYRN MAWR College BYRN MAWR, PA 19010			No	Major English Minor music	1. 2.8 2. 3.0
JUNIOR OR SPECIAL SCHOOLS	N/A					
OTHER SCHOOLS	N/A					



ADDITIONAL INFORMATION, PLEASE ATTACH AND INITIAL.

PERSONAL REFERENCES

NAME	ADDRESS	PHONE	POSITION	YEARS KNOWN
IRVING FLOWERS	1039 N. Pine St. #3 Wilm. DE 19802	(302) 888-1228	warehouse worker	3 yrs
HELENA Ernest	Coventry Lane Apts. Glen Mills, PA	(610) 410 8146	secretary	3 yrs.
colyn Tinsley	2017 S 71st St Phila PA 19142	(215) 729 2927	homemaker	15 yrs.

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Payroll Change Notice

Effective Date: 06/10/04 ☐ New Hire ☒ Termination ☐ Status Change ☐ Transfer
 Month/Date/Year

☐ Compensation ☐ Job Change ☐ Bonus ☐ Disability ☐ Address Change
☐ Shift Change ☐ Leave of Absence ☐ Other

General Information

Employee #: 451
 Employee Name: Tillman, Marlayna SSN: 521-28-2725
 Department: Shipping Location: Concordville Cost Center: _____
 Title: Forklift Operator Reports to: W Swindell
 Name Title
 Status: ☒ Hourly ☐ Exempt ☒ Non-Exempt
☐ Regular Full Time ☐ Married ☐ Single
☐ Regular Part Time
 Date of Birth: 06/06/66 Gender: ☐ Female ☐ Male
 Month/Date/Year
 Address: _____
 Street Address Apt/Unit City
 State Zip Code Country Phone

For US Only

☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Veteran

Complete for Compensation & Benefits

Current Salary: \$ _____ Change in % % _____ Bonus % _____
 New Salary: \$ _____ Change in \$ \$ _____ Shift _____
 Rate 2 \$ _____ Rate 3 \$ _____ Pay Grade: _____
 Annual Vacation Entitlement: _____ Other: _____

Complete for Termination, Disability, Leave of Absence or Transfer

☒ Termination ☐ Disability ☐ Leave of Absence ☐ Transfer Reason: _____
 Vacation Taken: _____ Vacation Owed: _____
 Other (Give Details): _____

Additional Comments

Approvals

Site Hiring Manager _____ Title: _____ Date: _____
 Site or Plant Manager _____ Title: _____ Date: _____
 Vice President _____ Title: _____ Date: _____
 Site HR Manager Patty Ford Title: HR Mgr Date: 7-16-04
 Divisional HR Director _____ Title: _____ Date: _____
 (All termination PCN's must be faxed to Columbus within 24 hours of termination date)

23

PBG 01564

